TINUED FROM THE FRONT		
SIC CODES 14-digit, in order of priority)		
A. FIRST		B. SECOND
5 0 8 5 Generator	7 5, Q 8,5 (specify) Sto	orage
C. THIRD	15 16 - 19	D. FOURTH
0 8 5 Treatment Facility	c (specify)	
OPERATOR INFORMATION	15 16 - 19	
A. I	NAME	B. Is the name listed In Item VIII-A also the owner?
T.T.Z.I.NGER.C.O.O.PERAG	E, CORPORATION	
C. STATUS OF OPERATOR (Enter the appropriate letter in	to the answer box; if "Other", specify.)	D. PHONE (area code & no.)
= FEDERAL M = PUBLIC (other than federal or state) = STATE O = OTHER (specify)	P (specify)	A 4 1 4 4 83 8 8 0 0
E. STREET OR P.O. BOX	10 56	55,200,000,00
2529E.NORWICH STREE		
F. CITY OR TOWN	G.STATE H. ZIP COD	大大社会的企业的企业的企业的企业的企业的企业的企业企业企业
MTLWAUKEE	WI 5 3 2 0	7 Is the facility located on Indian lands? YES NO
	40 41 42 47	52
EXISTING ENVIRONMENTAL PERMITS		建筑的现在分词是对对外的现在分词是是一种人
A. NPDES (Discharges to Surface Water) D. PSD (A	Air Emissions from Proposed Sources)	alunder programme zwee die 1944
N 9 P		
16 17 18 - 30 15 16 17 18	30	
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	pecify)
26 177 18 20 13 16 17 18		
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	The French of the Art of the Control
	(sp	ecify)
R 9 10 10 10 10 10 10 10 10 10 10 10 10 10	30	
MAP as		
tach to this application a topographic map of the area e		
e outline of the facility, the location of each of its existant, storage, or disposal facilities, and each well w	here it injects fluids underground. Incl	lude all springs, rivers and other surface
ater bodies in the map area. See instructions for precise r	equirements.	
. NATURE OF BUSINESS (provide a brief description)		
Reconditioning of steel	drums	
I. CERTIFICATION (see instructions)	。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	the state of the first production of the
certify under penalty of law that I have personally example tachments and that, based on my inquiry of those peoplication, I believe that the information is true, accurate information, including the possibility of fine and impossibility of fine and impossibility.	ersons immediately responsible for obt te and complete. I am aware that the	taining the information contained in the
NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
MMENTS FOR OFFICIAL USE ONLY	The state of the s	
16		55

Form 3510-1 (6-80) REVERSE

till-in areas are spaced for elite type	, i.e., 12 characters/inch	1).			e e e e e e		Tom Approved	The second second		
FORM. OF TOA	HAZA TOUS V	VASTE P	PERMIT Progr	APP	LICAT		FWID	2340	2 6	3 9 1
RORA COLLA	(This information is	required u	inder Sectio	n 300	5 of RCF	(A.)				
OR OFFICIAL USE ONLY	and the same				CALL S	MENTS		Marie Carlo		
APPROVED (VI. MO. & day)					CON	MENIS		891.		
1. FIRST OR REVISED APPLI	CATION							.		
Place an "X" in the appropriate box evised application. If this is your fire PA I.D. Number in Item I above.		one box on already kno	ly) to indicate your faci	ate wh	ether thi EPA I.D.	s is the first ap Number, or if	plication you are this is a revised a	submitting fapplication, e	or your fa nter your	cility or a facility's
A. FIRST APPLICATION (place	an "X" below and protee instructions for defined below.)	ride the app nition of "e	propriate da existing" fac	ite) cility.			2.NEW FACI	FOR	NEW FA	CILITIES.
C YF. MO. DAY FOR	EXISTING FACILITIE RATION BEGAN OR T he boxes to the left)	S, PROVIE	DE THE DA	CTION	r., mo., &	eday) ENCED	YR. MO.	TIO	VIDE TH mo., & da N BEGAN ECTED T	OR IS
B. REVISED APPLICATION (D		complete I	tem I above)			2. FACILITY		A PERMI	T
III. PROCESSES – CODES AN	D DESIGN CAPACI	TIES				Company of the	ing the	10.44		
A. PROCESS CODE — Enter the co- entering codes. If more lines are describe the process (including it B. PROCESS DESIGN CAPACITY 1. AMOUNT — Enter the amount 2. UNIT OF MEASURE — For the second s	needed, enter the code s design capacity) in the — For each code enterent.	d in column	vided on the n A enter th	e form	(Item III	he process.				
measure used. Only the units	of measure that are list	ted below s	nould be us	ed.			PRO-	APPROPRI	ATE UNI	TS OF
PROCESS	CESS MEASURE F	OR PROCE	ESS		PR	OCESS	CESS	MEASURE DESIGN	CAPAC	
Storage:	DEVICE.				ment:			SALL ONE !	ED DAY	OP
CONTAINER (barrel, drum, etc.)	SO1 GALLONS OF	LITERS		TANK		DOUNDMENT	T01	GALLONS F GALLONS F	RDAY	
WASTE PILE	S03 CUBIC YARD CUBIC METE S04 GALLONS OF	RS .			NERATO	POUNDMENT	T03	TONS PER	R DAY	,
SURFACE IMPOUNDMENT Disposal:	504 GALLONS OF	Litens						METRIC TO GALLONS I LITERS PE	PER HOU	ROR
INJECTION WELL LANDFILL LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT	D79 GALLONS OF D80 ACRE-FEET would cover o depth of one f HECTARE-MI ACRES OR H D82 GALLONS PE LITERS PER D83 GALLONS OF	the volume ne acre to a oot) OR ETER ECTARES R DAY OF DAY		proce surface ators.	sses not e se impou Describ	for physical, ch logical treatme occurring in tandments or inc e the processes ided; Item III	nks, siner-	GALLONS I LITERS PEI	PER DAY	
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GALLONS. LITER CUBIC YARDS. CUBIC METERS. GALLONS PER DAY. EXAMPLE FOR COMPLETING IT	L Y C U	TONS PER METRIC TO GALLONS LITERS PE	HOUR ONS PER HOUR	elow)	: A facil	D w E H ity has two sto	HECTARE-	METER	i:::::	В Q
other can hold 400 gallons. The fa	cility also has an incine	rator that c	an burn up	to 20	gallons po	er hour.	117	111	11	11
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α A. PRO- B. PROCES	DESIGN CAPACIT	Y	FOR	R	A. PRO	B. PR	OCESS DESIG	N CAPACI		FOR
CESS CODE		2. UNIT OF MEA- SURE (enter code)	FOR OFFICIAL USE ONLY	LINE	CESS CODE (from lis above)	,	1. AMOUNT		2. UNIT OF MEA- SURE (enter code)	OFFICIA USE ONLY
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X-2 T 0 3 2	0	E		6						
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4 T 0 3 2,000	- 27	G	29 - 32	10	16 - 1	11 19	-	17	26	N REVERS

IV DESCRIPTION O	E W. Z. D DOWN					
A. EPA HAZARDOUS	OF HAZARDOUS WASTE WASTE NUMBER — Enter	the four-di	git number from 40	ČFR, Subpart D	o for each listed hazardous wa (s) from 40 CFR, Subpart C th	ste you will handle. If you
ties and/or the toxic	contaminants of those nazard	ious wastes.				
Dasis, Ful Each Chara	cteristic or toxic contaminant aracteristic or contaminant.	t entered in	column A estimate t	A estimate the o	quantity of that waste that wi uantity of all the non—listed w	II be handled on an annual vaste(s) that will be handled
C. UNIT OF MEASURE codes are:	- For each quantity enter	ed in colum	n B enter the unit o	f measure code.	Units of measure which must l	be used and the appropriate
POUND	SH UNIT OF MEASURE		P	KILOGRAMS	T OF MEASURE	CODE
If facility records use account the appropria	e any other unit of measure ate density or specific gravity	for quantity of the wast	, the units of measu		rted into one of the required t	
For non-listed had contained in Item that characteristic Note: Four space	bus waste: For each listed he waste will be stored, treate standous wastes: For each of Ill to indicate all the procortoxic contaminant.	haracteristic esses that w	or toxic contaminal ill be used to store,	nt entered in col treat, and/or dis	ode(s) from the list of process umn A, select the code(s) fro pose of all the non-listed has ne first three as described abo er and the additional code(s).	m the list of process codes cardous wastes that possess
					ocess in the space provided on	
Select one of the quantity of the was 2. In column A of the "included with about the column and the column	EPA Hazardous Waste Numb	ers and ente cesses to be EPA Hazard ies on that li	r it in column A. On used to treat, store, a lous Waste Number t	s: the same line cor and/or dispose of that can be used	to describe the waste. In cold	estimating the total annual
XAMPLE FOR COMPL er year of chrome shaving re corrosive only and th	ETING ITEM IV (shown in	line number	rs X-1, X-2, X-3, and peration. In addition	X-4 below) — A , the facility will	facility will treat and dispose of treat and dispose of three non e is corrosive and ignitable and	
A. EPA HAZARD. B. I	TO LIMINITED WILLIAM	C. UNIT OF MEA- SURE			D. PROCESSES	
Z (enter code)	JANTITY OF WASTE	(enter code)	1. PROCESS (enter		2. PROCESS (if a code is not	DESCRIPTION entered in D(1))
I-1 K 0 5 4	900	P 7	03D80			
I-2 D 0 0 2	400	P 7	03080			
K-3 D 0 0 1	100	P 7	03 080			
K-4 D 0 0 2					included	with above
A Form 3510-3 (6-80)			PAGE 2 OF	F 5		CONTINUE ON PAGE 3

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "Tha"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Contin NOTE:	Pho	from	pag	e 2 this	page	befo	re c	omple	eting	if	ave	more	tha	an 20	s wa	stes	to lis	t			BATTER STATE OF THE PARTY OF TH	Form Appr	oved OMB	No. 158-580	0004
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IV. DESCRIPTION OF HAZARDOUS WASTES (co	ontinued) OCESS CODES FROM ITEM D(1) ON PAGE 3.	
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EPA I.D. NO. (enter from page 1)		
5 T/A C		
FWID0234026396		
V. FACILITY DRAWING All existing facilities must include in the space provided o	n page 5 a scale drawing of the facility (see instructions	for more detail)
NI DILOTO CD I DILO		e produkti kalendar jarah kalendar in di
All existing facilities must include photographs (ae	erial or ground-level) that clearly delineate all ex	isting structures; existing storage,
treatment and disposal areas; and sites of future st		ns for more detail).
THE RESERVE TO A STATE OF THE PARTY OF THE P		第二次 阿拉拉斯的皮革运动。阿拉斯斯特里特特别的美国英国英国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second	STEEDING THE PROPERTY OF PROPERTY GRANT STEED, THE VALUE OF THE PROPERTY OF TH	(degrees, minutes, & seconds)
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & second	STEEDING THE PROPERTY OF PROPERTY GRANT STEED, THE VALUE OF THE PROPERTY OF TH	(degrees, minutes, & seconds)
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4 2 8 8 1 65 66 67 68 69 - 71	ds) LONGITUDE 4 7 72	5 7 4 6 77 74 75 76 77 79
VIII. FACILITY OWNER A. If the facility owner is also the facility operator a skip to Section IX below.	ds) LONGITUDE 4 7 72	7
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SAMPLE PROTEST LETTER TO EPA, TO ACCOMPANY PERMIT APPLICATION

Dear Sirs:

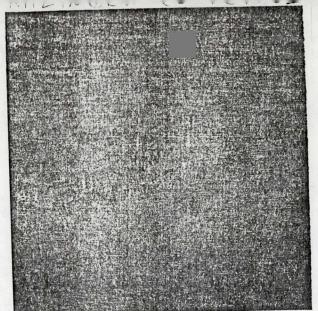
Sincerely,

This application for permit is filed under protest.

We are steel drum reconditioners, engaged in the recovery of valuable containers. Because of ambiguities in the regulations of May 19, 1980, it is possible that under extreme interpretations, certain of our activities might be construed as hazardous waste "treatment" requiring an EPA permit. While we disagree with such interpretations, in the absence of timely agency clarification this application is being filed to preserve interim operating status.



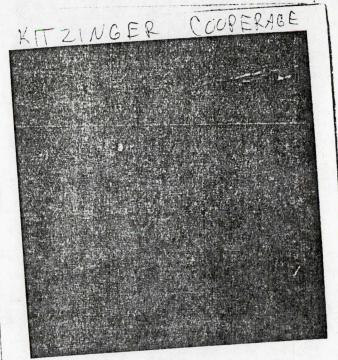
S.Trip Tank



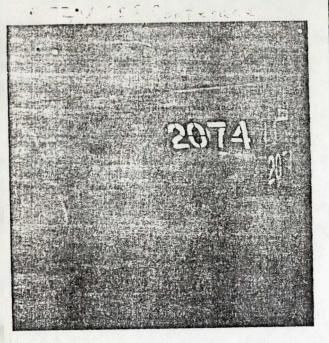
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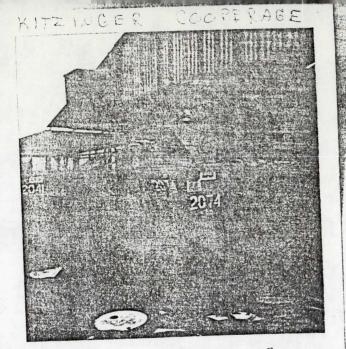
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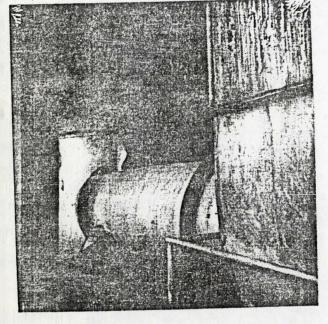


1 lugger Dox closed type un burnable



2 Lugger Boxes 2000 G ea.





After Burner



incinerator

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I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY V. MAILING ADDRESS MILHAUKEE, WI II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine this form and the supplem	PERAGE H ST 63207 CH ST 63207	to submit any permit appli	cation forms to the EPA. If you ans	pen provided, affix Review the informis incorrect, cross correct data in the low. Also, if any of the area to the total the information provide it in the w. If the label is need not-complete except VI-B which less). Complete all provided. Refer to iled item descriptions under the control of
if the supplemental form is attached. If you enswer "n is excluded from permit requirements; see Section C of	the instructions. See	e also, Section D of the instru	ctions for definitions of bold—faced	terms.
SPECIFIC QUESTIONS	YES HO ATTAC	HED	FIC QUESTIONS	YES NO ATTACHE
A. Is this facility a publicly-owned treatment wor which results in a discharge to waters of the U.S. (FORM 2A)	ks 3.? XX	include a concentr aquatic animal pro- discharge to waters	cility (either existing or proposed) ated animal feeding operation or duction facility which results in a of the U.S.? (FORM 2B)	XX 250 21
C. Is this a facility which currently results in discharge to waters of the U.S. other than those described A or B above? (FORM 2C)	es	D. Is this a proposed fin A or B above) waters of the U.S.?		23 25 27
E. Does or will this facility treat, store, or dispose hazardous wastes? (FORM 3)	οf	municipal effluent taining, within on	inject at this facility industrial or below the lowermost stratum con- e quarter mile of the well bore, is of drinking water? (FORM 4)	l xx
G. Do you or will you inject at this facility any product water or other fluids which are brought to the surfaction with conventional oil or natural gas production, inject fluids used for enhanced recovery oil or natural gas, or inject fluids for storage of liquids for carbons? (FORM 4)	ro- of	H. Do you or will you cial processes such process, solution of tossil fuel, (FORM 4)	inject at this facility fluids for spe- as mining of sulfur by the Frasch nining of minerals, in situ combus- or recovery of geothermal energy?	XX 37 34 36
i. Is this facility a proposed stationary source which one of the 28 industrial categories listed in the structions and which will potentially emit 100 to per year of any air pollutant regulated under 1 Clean Air Act and may affect or be located in attainment area? (FORM 5)	in- ons the	J. Is this facility a p NOT one of the 2 instructions and w per year of any air Air Act and may a area? (FORM 5)	roposed stationary source which is 8 industrial categories listed in the hich will potentially emit 250 tons pollutant regulated under the Clean ffect or be located in an attainment	ΧΧ 43
III. NAME OF FACILITY				
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III. PROCESSES (continued)	and the second s	
C. SPACE FOR ADDITIONAL PROCESS COD	FOR DESCRIBING OTHER PROCESSES (code	"). FOR EACH PROCESS ENTE

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	D. PROCESSES								
HAZARD. B. ESTIMATED ANNUA O WASTENO. QUANTITY OF WASTE	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
X-1	K 0 5 4	900	P	T 0 3 D 8 0								
X-2	D 0 0 2	400	P	T 0 3 D 8 0								
X-3	D 0 0 1	100	P	T 0 3 D 8 0								
X-4	D 0 0 2				included with above							

Continued from page 2. NOTE: Photocopy this page before completing i have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY A I.D. NUMBER (enter from page 1) C 2 9 2 DUP DUP WW IV. DESCRIPTION OF HAZARDOUS WASTES (continued) D. PROCESSES A. EPA HAZARD. WASTENO (enter code) C. UNIT OF MEA SURE (enter B. ESTIMATED ANNUAL QUANTITY OF WASTE LINE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) code) T F F F 50 2 50 1 K O T 0 0 K K O K 0 0 5 0 3 5 02 U 0 0 2 u 0 3 ul Q u 1 5 u 1 5 4 u 1 8 8 U 2 2 0 CONTINUE ON REVERSE EPA Form 3510-3 (6-80) PAGE 3 ____OF 5 (enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

CONTINUE ON PAGE

Lloyd DeKeyser

EPA Form 3510-3 (6-80)